
HYPOTHERMIA

PRIORITIES:

Maintain ABC's

Prevent further heat loss

Due to limited resources in the field, severely hypothermic patients should not be rewarmed until arrival in an emergency department

Any rough handling, unnecessary chest compressions or aggressive rewarming in the field could cause the unstable cold patient to deteriorate into a non-resuscitative state

Expedite transport to an appropriate hospital for controlled rewarming and resuscitation

MILD HYPOTHERMIA

FIELD ASSESSMENT/TREATMENT INDICATORS:

1. History of cold challenge
2. Cold, pale extremities
3. Shivering, reduction in fine motor skills
4. Loss of judgment and simple problem solving skills
5. Decreased core temperature

DEFINITIVE CARE:

1. Maintain ABC's
2. Remove patient from cold/wet environment
3. Remove wet clothing and dry patient
4. Oxygen therapy as clinically indicated (warm, humidified if possible)
5. Insulate patient and apply wrapped heat packs to groin, axillary and neck
6. Transport to closest appropriate facility

SEVERE HYPOTHERMIA

FIELD ASSESSMENT/TREATMENT INDICATORS:

1. Severe cold exposure or any prolonged exposure to temperatures below 70 degrees with the following indications:
 - a. altered LOC
 - b. bizarre behavior
 - c. unconscious
 - d. lethargic
2. Shivering is generally absent
3. Pulse, b/p and heart sounds will be difficult to obtain

EMT-I STANDARD PRACTICE
Hypothermia

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NOTE: A pulse is often difficult to assess in the severely hypothermic patient due to severe peripheral vasoconstriction, hypotension, hypovolemia, decreased heart rate and cardiac output.

4. Assess carotid pulse for a carotid pulse for a minimum of 1-2 minutes to verify absence of cardiac activity prior to initiating CPR.

DEFINITIVE CARE:

1. High flow oxygen (warm, humidified if possible)
2. Insulate patient to prevent further heat loss. Gently cut away clothing if transport time is >30 minutes (to minimize movement)
3. Transport to closest appropriate facility